

Address Change or Change of Employment

401 KAR 5:010 Sec. 6 (1)

If information related to the operator's employment or mailing address changes from the application filed for certification, the certified operator shall provide written notification to the division within 30 days. If a certified operator becomes permanently incapacitated while employed by a wastewater treatment plant, the employer shall notify the division.

Operator Address and/or Employment Change Form

Certificate Number(s) (LIST ALL):

Drinking Water Treatment _____ **Distribution** _____ **Wastewater Treatment** _____

Address Change ☐ or **Facility Change: Add facility** ☐ **Delete Facility** ☐

Agency Interest # (see wallet card): _____

Name: _____

(last)

(first)

(middle initial)

New or Current Home Address: _____
(street, city, state, and zip code)

Phone: HOME () _____ **WORK** () _____

IDENTIFY BELOW FACILITIES FOR WHICH YOU RECENTLY ASSUMED OR RELINQUISHED RESPONSIBILITY.
THIS INFORMATION MUST BE SUBMITTED WITHIN 30 DAYS OF THE CHANGE.

Facility Name	KPDES/PWSID #	Effective Date

Signature: _____ **Date:** _____

Mail to: Division of Compliance Assistance
Operator Certification
14 Reilly Road
Frankfort, Kentucky 40601.

